National Archives and Records Administration Requests for Bankruptcy by Mail or Fax

Acce	SS	ion Nu	mber:					
NAR	RA	Locat	ion Number:	Row: Unit:	Shelf/Position:			
Ager	ıcy	y Box I	Number:					
Case	F	ile Nu	mber:					
Case	F	ile Na	me:					
City	aı	nd Stat	e Where Cour	t is Located	l:			
The I	Na	tional A	Archives and Rec	cords Admir	nistration in Kansa	s City, MO accepts requests for		
photo	oco	opies of	bankruptcy case	e files and fo	orwards the photoc	opies to the requestor via first class mail		
or via	a f	ax. Fax	requests are acc	cepted for Pe	ersonal (not busine	ess or farming) bankruptcy case files.		
You	m	ust cor	nplete the follo	wing: Checl	k only 1 option ir	either A or B.		
Option A:		A:	The entire contents of the case file.					
			Mail to you: \$3	-				
			-		\$41.00 for up to 7			
*You	ı v	vill be o	contacted if your	file contains	more than 70 pag	es. These pages may be copied for \$0.50		
each.								
			Fax to you: \$35.00 for up to 70 pages.					
			Faxed and CERTIFIED and		76.00 for up to 70	pages. One full copy is faxed, another is		
()	ore	e of the Final I Statem	documents listed Decree ent of All Liabil	d below. Sel	lect documents below including Sched	d documents . This option includes one ow, or check All of the above. ules A1(D), A2(E) and A3(F).		
()			ary of Debts and		Assets)			
()			e's No Asset Re	-				
()			s's Voluntary Pet					
` ′			mation Agreeme	ent(s)				
()		All of	All of the above.					
			,	,	\$10.00 for up to 3	1 0		
			•		D: \$16.00 for up	1 0		
					• •	the other copy is certified and mailed.		
			\$26.00 for up t	to 30 pages.				

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Print your name, address and phone number. Include the fax number if you want the documents faxed back to you.

NAME:								
ADDRE	ESS:							
CITY: _		_ STATE:	ZIP CODE:					
DAYTI	ME PHONE NUMBER:							
	UMBER:							
If the rec	cords are going to be transmitted to	a fax machine th	at is not at your location, list the name of					
the business, as well as a contact name and phone number (in case of transmittal problems)								
You Mu	st Complete the following:							
Payment by:								
()	Visa							
()	Master Card							
()	Discover							
()	American Express							
()	Money Order Payable to N.A.R.	A. Trust Fund						
()	Personal, pre-printed check paya	ble to N.A.R.A.	Trust Fund					
Credit C	Card Number:							
	Expiration Date:							
Cardholder's Name:								
Cardholder's Authorization (signature):								

- If you are paying by credit card, requests may be faxed to NARA at (816) 268-8037.
- * If you are paying by check or money order, please mail request to:

National Archives and Records Administration 2312 East Bannister Road Kansas City, MO 64131-3011

There is a 24-hour turnaround period on all requests. Files are retrieved the NEXT business day, then mailed or faced that afternoon. Please call (816) 268-8001 between the hours of 8:00 a.m. through 4:00 p.m. CST, Monday through Friday.

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